

**Affidavit to Accompany
Motion for Leave to Appeal in Forma Pauperis**

District Court No. 04-CV-12149-MLW
Appeal No. 05-1418

ABDELAZIZ BENNOUR (petitioner)

v.

BRUCE CHADBOURNE, ET AL, (respondents)

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: [Signature]

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 7-13-05

My issues on appeal are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>NONE</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>NONE</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>NONE</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>NONE</u>	\$ _____	\$ _____	\$ _____

United States Court of Appeals For the First Circuit

Clerk's Office

FORM FOR SELECTION OF COUNSEL ON APPEAL

No. 05-1418

Title: A. BENNOUR V. B. CHADBOURNE, ET AL.

On appeal I wish to be represented in the following manner (please check one) :

☐ I wish to represent myself and proceed as pro se.

☐ I request that _____ who represented me in the District Court
be appointed to represent me.

☒ I request that the Court appoint new counsel to represent me.

☐ I have retained Attorney _____ to represent me.

Date: _____

Name

Reg. No.

Address

City, State, Zip Code

Signature

Return to: Clerk's Office
United States Court of Appeals for the First Circuit
John Joseph Moakley Courthouse
1 Courthouse Way, Suite 2500
Boston, MA 02210

Pursuant to Fed. R. App. P. 25, defendant must also serve a copy of this form on his/her current counsel and government's counsel.

**Failure to timely return this form to the Clerk's Office
may delay prosecution of your appeal.**

4. How much cash do you and your spouse have? \$ NONE

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>NONE</u>		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor Vehicle #1	(Value)
<u>NONE</u>		<u>NONE</u>		Make & year: <u>NONE</u>	
				Model: _____	
				Registration#: _____	
Motor Vehicle #2	(Value)	Other assets	(Value)	Other assets	(Value)
Make & year: <u>NONE</u>					
Model: _____					
Registration#: _____					

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>NONE</u>		

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>NONE</u>		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>NON</u>	\$ _____
Are any real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ <u>0</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>0</u>	\$ _____
Clothing	\$ <u>0</u>	\$ _____
Laundry and dry-cleaning	\$ <u>0</u>	\$ _____
Medical and dental expenses	\$ <u>0</u>	\$ _____
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>0</u>	\$ _____
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Other: <u>NON</u>	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in Mortgage payments)(specify): _____	\$ <u>0</u>	\$ _____
Installment payments	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card (name): _____	\$ <u>0</u>	\$ _____
Department store (name): _____	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____

Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operations of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____
Total monthly expenses:	\$ <u>0</u>	\$ _____

9. Do you expect any major changes to your monthly income or expenses in your assets or liabilities during the next 12 months?

☐ Yes ☒ No

If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I been INCARCERATED FOR The past 5 yRS.

I have NO SOURCE OF INCOME & have NO MONEY.

13. State the address of your legal residence.

BRISTOL COUNTY SHERIFF'S OFFICE
400 FAUNCE CORNER ROAD, NORTH DARMOUTH, MA 02747

Your daytime phone number: () N/A

Your age: 36 Your years of schooling: _____

Date : 07/12/2005

Time : 13:06

Account Activity Ledger

From : 03/03/2005 To : 07/12/2005

Comment	Trx Date	Time	Batch /Inv #	Trx Type	Invoice	Deposit	Withdrawal	Balance Forward
ID 134504	Name	BENNOUR, ABDELAZIZ	Block	GC		Previous Balance		0.00
SUFFOLK COUNTY HOC	03/04/2005	10:20	B#46740	D		1.12		1.12
ANN MONTEIRO	03/07/2005	09:39	B#46775	D		20.00		21.12
Sales Transaction	03/08/2005	12:26	I#161372	I	20.85			0.27
Library Copies	04/29/2005	14:14	B#47774	W			-0.27	0.00
ANN MONTEIRO	06/10/2005	08:55	B#48416	D		19.50		19.50
Library Copies	06/10/2005	08:55	B#48416	W			-0.73	18.77
Sales Transaction	06/23/2005	05:57	I#172521	I	14.25			4.52
Sales Transaction	06/24/2005	10:36	I#172780	I	-2.10			6.62
Library Copies	06/30/2005	11:40	B#48747	W			-0.80	5.82
Library Copies	06/30/2005	11:40	B#48749	W			-3.00	2.82

Deposits	3	For\$	40.62
Withdraws	4	For\$	-4.80
Invoices	3	For\$	33.00